

South Carolina Medicaid EHR Incentive Program 2014 PY EP CQM SLR Changes (Stage 1 and Stage 2)

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EP Clinical Quality Measures Selection Screen Layout and Requirements

Effective with the 2014 Participation Year, EPs for any MU stage will be required to submit 9 out of 64 CQMs using CEHRT and must select the CQMs from at least 3 key health care policy domains recommended by the Department of Health and Human Services' National Quality Strategy (NQS) seen below.


The text for the new EP Clinical Quality Measures Selection Screen will be as follows:

"EPs for any MU stage will be required to submit 9 out of 64 CQMs using CEHRT and must select the CQMs from an least 3 key health care policy domains recommended by the Department of Health and Human Services' National Quality Strategy (NQS) seen below. EPs are expected to select the CQMs that best apply to their scope of practice and/or unique patient population.

Please select 9 or more CQMs listed below using the following guidelines:

- Select the option for the CMS recommended 9 core CQM set for adults.
- Select the option for the CMS recommended 9 core CQM set for children.
- Select 9 CQMs, if you have patient data for all 9 CQMs that cover at least 3 of the NQS domains listed below.
- Select more than 9 CQMs, if you have patient data for 9 CQMs but they do not cover at least 3 NQS domains. Select the 9 CQMs that have patient data and any additional CQMs necessary to cover at least 3 of the NQS domains listed below. You may enter "0" for the additional CQMs for which you do not have patient data.
- If you have no patient data for all 64 CQMs then you may select any 9 CQMs from at least 3 of the NQS domains listed below. You may enter '0' for the CQMs for which you do not have patient data."

Clinical Quality Measures Selection Layout

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014)

Logout

CMS Registration / SC Medicaid Data

Meaningful Use Questionnaire

Meaningful Use Menu Options

Meaningful Use Core Measures

Meaningful Use Menu Measures

Clinical Quality Measures

Pre-Attestation Measure Summary

MU Specifications

View All Payment Years

Alternate Contact Info

Issues/Concerns

Document Upload

Additional Resources

SLR Provider Guides

Send E-mail to HIT Division

Instructions:

EPs for any MU stage will be required to submit 9 out of 64 CQMs using CEHRT and must select the CQMs from at least 3 key health care policy domains recommended by the Department of Health and Human Services' National Quality Strategy (NQS) seen below. EPs are expected to select the CQMs that best apply to their scope of practice and/or unique patient population.

Please select 9 or more CQMs listed below using the following guidelines:

- Select the option for the CMS recommended 9 core CQM set for Adults.
- Select the option for the CMS recommended 9 core CQM set for Children.
- Select 9 CQMs, if you have patient data for all 9 CQMs that cover at least 3 of the NQS domains listed below.
- Select more than 9 CQMs, if you have patient data for 9 CQMs but they do not cover at least 3 NQS domains. Select the 9 CQMs that have patient data and any additional CQMs necessary to cover at least 3 of the NQS domains listed below. You may enter "0" for the additional CQMs for which you do not have patient data.
- If you have no patient data for all 64 CQMs then you may select any 9 CQMs from at least 3 of the NQS domains listed below. You may enter "0" for the CQMs for which you do not have patient data.

Recommended Core set selection options:

☐ Check this box to select the 9 core CQM set for adults.

☐ Check this box to select the 9 core CQM set for Children.

If you are not selecting one of the recommended core CQM sets or if you want to chose additional CQMs for which you have data, please make your selection(s) below:

NQS Domain: Patient and Family Engagement

Selection	ID Number	Title
<input type="checkbox"/>	CMS 157	Oncology: Medical and Radiation – Pain Intensity Quantified
<input type="checkbox"/>	CMS 66	Functional status assessment for knee replacement
<input type="checkbox"/>	CMS 56	Functional status assessment for hip replacement
<input type="checkbox"/>	CMS 90	Functional status assessment for complex chronic conditions

NQS Domain: Patient Safety

Selection	ID Number	Title
<input type="checkbox"/>	CMS 156	Use of High-Risk Medications in the Elderly
<input type="checkbox"/>	CMS 139	Falls: Screening for Future Fall Risk
<input type="checkbox"/>	CMS 68	Documentation of Current Medications in the Medical Record
<input type="checkbox"/>	CMS 132	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
<input type="checkbox"/>	CMS 177	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
<input type="checkbox"/>	CMS 179	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range

NQS Domain: Care Coordination

Selection	ID Number	Title
<input type="checkbox"/>	CMS 50	Closing the referral loop: receipt of specialist report

NQS Domain: Population / Public Health

Selection	ID Number	Title
<input type="checkbox"/>	CMS 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
<input type="checkbox"/>	CMS 138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
<input type="checkbox"/>	CMS 153	Chlamydia Screening for Women
<input type="checkbox"/>	CMS 117	Childhood Immunization Status
<input type="checkbox"/>	CMS 147	Preventive Care and Screening: Influenza Immunization
<input type="checkbox"/>	CMS 2	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
<input type="checkbox"/>	CMS 69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
<input type="checkbox"/>	CMS 82	Maternal depression screening
<input type="checkbox"/>	CMS 22	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

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NQS Domain: Efficient Use of Healthcare Resources

Selection	ID Number	Title
<input type="checkbox"/>	CMS 146	Appropriate Testing for Children with Pharyngitis
<input type="checkbox"/>	CMS 166	Use of Imaging Studies for Low Back Pain
<input type="checkbox"/>	CMS 154	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
<input type="checkbox"/>	CMS 129	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

NQS Domain: Clinical Process / Effectiveness

Selection	ID Number	Title
<input type="checkbox"/>	CMS 137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
<input type="checkbox"/>	CMS 165	Controlling High Blood Pressure
<input type="checkbox"/>	CMS 125	Breast Cancer Screening
<input type="checkbox"/>	CMS 124	Cervical Cancer Screening
<input type="checkbox"/>	CMS 130	Colorectal Cancer Screening
<input type="checkbox"/>	CMS 126	Use of Appropriate Medications for Asthma
<input type="checkbox"/>	CMS 127	Pneumonia Vaccination Status for Older Adults
<input type="checkbox"/>	CMS 131	Diabetes: Eye Exam
<input type="checkbox"/>	CMS 123	Diabetes: Foot Exam
<input type="checkbox"/>	CMS 122	Diabetes: Hemoglobin A1c: Poor Control
<input type="checkbox"/>	CMS 148	Hemoglobin A1c Test for Pediatric Patients
<input type="checkbox"/>	CMS 134	Diabetes: Urine Protein Screening
<input type="checkbox"/>	CMS 163	Diabetes: Low Density Lipoprotein (LDL) Management
<input type="checkbox"/>	CMS 164	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
<input type="checkbox"/>	CMS 145	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
<input type="checkbox"/>	CMS 182	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
<input type="checkbox"/>	CMS 135	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<input type="checkbox"/>	CMS 144	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<input type="checkbox"/>	CMS 143	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
<input type="checkbox"/>	CMS 167	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
<input type="checkbox"/>	CMS 142	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
<input type="checkbox"/>	CMS 161	Major Depressive Disorder (MDD): Suicide Risk Assessment
<input type="checkbox"/>	CMS 128	Anti-depressant Medication Management
<input type="checkbox"/>	CMS 136	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
<input type="checkbox"/>	CMS 169	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
<input type="checkbox"/>	CMS 141	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
<input type="checkbox"/>	CMS 140	Breast Cancer: Hormonal Therapy for Stage I-III Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer
<input type="checkbox"/>	CMS 62	HIV/AIDS: Medical Visit
<input type="checkbox"/>	CMS 52	HIV/AIDS: Pneumocystis jirovecii pneumonia (PCP) Prophylaxis
<input type="checkbox"/>	CMS 77	HIV/AIDS: RNA: control for Patients with HIV
<input type="checkbox"/>	CMS 133	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
<input type="checkbox"/>	CMS 158	Pregnant women that had HbA1c testing
<input type="checkbox"/>	CMS 159	Depression Remission at Twelve Months
<input type="checkbox"/>	CMS 160	Depression Utilization of the PHQ-9 Tool
<input type="checkbox"/>	CMS 75	Children who have dental decay or cavities
<input type="checkbox"/>	CMS 74	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
<input type="checkbox"/>	CMS 61	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed
<input type="checkbox"/>	CMS 64	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)
<input type="checkbox"/>	CMS 149	Dementia: Cognitive Assessment
<input type="checkbox"/>	CMS 65	Hypertension: Improvement in blood pressure

Previous

Save & Continue

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Changes for 2014:

- EPs are required to select 9 of the 64 CQMs listed
- Selection of CQMs must be within at least 3 of the NQS domain tables
- EPs can select more than 9 but cannot select less than 9. If they select less than 9 provide an error message which states, “A minimum of 9 CQMs must be selected from the list below that covers at least 3 of the NQS domains.”
- EPs can select CQMs from more than 3 of the NQS domain lists but cannot select from less than 3. If they select from less than 3 of the NQS lists then provide an error message that states, “A minimum of 9 CQMs must be selected from the list below that covers at least 3 of the NQS domains.”
- EPs may choose to select the 9 Recommended Adult CQM set, if chosen this will automatically select for the provider the following CQMs: CMS165, CMS156, CMS138, CMS166, CMS2, CMS68, CMS69, CMS50, CMS90
- EPs may choose to select the 9 Recommended Children CQM set, if chosen this will automatically select for the provider the following CQMs: CMS146, CMS155, CMS153, CMS126, CMS117, CMS154, CMS136, CMS2, CMS75

EP Clinical Quality Measure 1 Layout, CMS 146

The screenshot displays the 'South Carolina Medicaid State Level Repository' website. The main header includes the logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A sidebar on the left lists various navigation options. The main content area is titled 'Questionnaire x of x' and 'NQS Domain: Efficient Use of Healthcare Resources'. It contains a form for 'CMS ID 146' with the title 'Appropriate Testing for Children with Pharyngitis'. The description states: 'Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.' Below this, there is a section 'Complete the following information:' with four input fields: 'Numerator', 'Denominator', 'Performance Rate', and 'Exclusion', each preceded by an asterisk indicating it is a required field. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', and 'Cancel'. A copyright notice for the State of South Carolina is at the very bottom.

SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field.

NQS Domain: Efficient Use of Healthcare Resources

CMS ID 146

Title: Appropriate Testing for Children with Pharyngitis

Description: Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.

Complete the following information:

* Numerator :1 * Denominator :1 * Performance Rate :1 % * Exclusion:1

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator, 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator, 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 2 Layout, CMS 137

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY
Clinical Quality Measures (Year 1 Attestation / Program Year 2014)

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Clinical Process / Effectiveness**

CMS ID 137

Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Description: Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.
a. Percentage of patients who initiated treatment within 14 days of the diagnosis.
b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Complete the following information:

Stratum 1: Patients age 13 - 17

* Numerator 1: <input type="text"/>	* Denominator 1: <input type="text"/>	* Performance Rate 1: <input type="text"/> %	* Exclusion 1: <input type="text"/>
* Numerator 2: <input type="text"/>	* Denominator 2: <input type="text"/>	* Performance Rate 2: <input type="text"/> %	* Exclusion 2: <input type="text"/>

Stratum 2: Patients age >= 18

* Numerator 1: <input type="text"/>	* Denominator 1: <input type="text"/>	* Performance Rate 1: <input type="text"/> %	* Exclusion 1: <input type="text"/>
* Numerator 2: <input type="text"/>	* Denominator 2: <input type="text"/>	* Performance Rate 2: <input type="text"/> %	* Exclusion 2: <input type="text"/>

Stratum 3: Total Score

* Numerator 1: <input type="text"/>	* Denominator 1: <input type="text"/>	* Performance Rate 1: <input type="text"/> %	* Exclusion 1: <input type="text"/>
* Numerator 2: <input type="text"/>	* Denominator 2: <input type="text"/>	* Performance Rate 2: <input type="text"/> %	* Exclusion 2: <input type="text"/>

Previous **Next** **Save** **Cancel**

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 3 Layout, CMS 165

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CHS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Clinical Process / Effectiveness**

CMS ID 165

Title: Controlling High Blood Pressure

Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 4 Layout, CMS 156

The screenshot displays the 'South Carolina Medicaid State Level Repository' interface. The main header includes the logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A sidebar on the left lists various navigation options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire x of x' and 'CMS ID 156'. It specifies the 'NQS Domain: Patient Safety'. The questionnaire title is 'Use of High-Risk Medications in the Elderly'. The description states: 'Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two different high-risk medications.' Below this, it asks to 'Complete the following information:' and provides input fields for 'Numerator 1', 'Denominator 1', 'Performance Rate 1', 'Numerator 2', 'Denominator 2', and 'Performance Rate 2'. At the bottom, there are 'Previous', 'Next', 'Save', and 'Cancel' buttons. A copyright notice for 2011 State of South Carolina is at the very bottom.

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 5 Layout, CMS 155

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014)

Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field.

NQS Domain: Population / Public Health

CMS ID 155

Title: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Description: Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/ Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.

- Percentage of patients with height, weight, and body mass index (BMI) percentile documentation
- Percentage of patients with counseling for nutrition
- Percentage of patients with counseling for physical activity

Complete the following information:

Stratum 1: Patients age 3 - 11

* Numerator 1:	* Denominator 1:	* Performance Rate 1:	%	* Exclusion 1:
* Numerator 2:	* Denominator 2:	* Performance Rate 2:	%	* Exclusion 2:
* Numerator 3:	* Denominator 3:	* Performance Rate 3:	%	* Exclusion 3:

Stratum 2: Patients age 12 - 17

* Numerator 1:	* Denominator 1:	* Performance Rate 1:	%	* Exclusion 1:
* Numerator 2:	* Denominator 2:	* Performance Rate 2:	%	* Exclusion 2:
* Numerator 3:	* Denominator 3:	* Performance Rate 3:	%	* Exclusion 3:

Stratum 3: Total Score

* Numerator 1:	* Denominator 1:	* Performance Rate 1:	%	* Exclusion 1:
* Numerator 2:	* Denominator 2:	* Performance Rate 2:	%	* Exclusion 2:
* Numerator 3:	* Denominator 3:	* Performance Rate 3:	%	* Exclusion 3:

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 6 Layout, CMS 138

The screenshot displays the 'South Carolina Medicaid State Level Repository' interface. The main header includes the logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A sidebar on the left lists various navigation options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire x of x' and includes a note: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Population / Public Health'. The questionnaire is for 'CMS ID 138' and is titled 'Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention'. The description states: 'Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.' Below this, there is a section 'Complete the following information:' with four input fields: '* Numerator :', '* Denominator :', '* Performance Rate :', and '% * Exception :'. At the bottom of the form are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'. A copyright notice at the bottom reads: 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 7 Layout, CMS 125

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Clinical Process / Effectiveness**

CMS ID 125

Title: Breast Cancer Screening

Description: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

Previous Next Save Cancel

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Left Sidebar:

- CMS Registration / SC Medicaid Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Core Measures
- Meaningful Use Menu Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- MU Specifications
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- SLR Provider Guides
- Send E-mail to HIT Division

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 8 Layout, CMS 124

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Clinical Process / Effectiveness**

CMS ID 124

Title: Cervical Cancer Screening

Description: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.

Complete the following information:

* Numerator : * Denominator : * Performance Rate : % * Exclusion :

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 9 Layout, CMS 153

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x NQS Domain: Population / Public Health

(*) Red asterisk indicates a required field.

CMS ID 153

Title: Chlamydia Screening for Women

Description: Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.

Complete the following information:

Stratum 1: Patients age 16 - 20

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

Stratum 2: Patients age 21 - 24

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

Stratum 3: Total Score

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 10 Layout, CMS 130

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 130

Title: Colorectal Cancer Screening

Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion : 1

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 11 Layout, CMS 126

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x NQS Domain: Clinical Process / Effectiveness

(*) Red asterisk indicates a required field.

CMS ID 126

Title: Use of Appropriate Medications for Asthma

Description: Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.

Complete the following information:

Stratum 1: Patients age 5 - 11

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

Stratum 2: Patients age 12 - 18

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

Stratum 3: Patients age 19 - 50

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

Stratum 4: Patients age 51 - 64

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

Stratum 5: Total Score

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 12 Layout, CMS 117

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x NQS Domain: Population / Public Health

(*) Red asterisk indicates a required field.

CMS ID 117

Title: Childhood Immunization Status

Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HIB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Complete the following information:

* Numerator : * Denominator: * Performance Rate: %

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 13 Layout, CMS 147

The screenshot displays the 'South Carolina Medicaid State Level Repository' web application. The header includes the state logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A 'Logout' button is in the top right. A left sidebar contains a menu with items like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', 'Meaningful Use Menu Options', 'Meaningful Use Core Measures', 'Meaningful Use Menu Measures', 'Clinical Quality Measures', 'Pre-Attestation Measure Summary', 'MU Specifications', 'View All Payment Years', 'Alternate Contact Info', 'Issues/Concerns', 'Document Upload', 'Additional Resources', 'SLR Provider Guides', and 'Send E-mail to HST Division'. The main content area is titled 'Questionnaire x of x' and includes a note: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Population / Public Health'. The questionnaire is for 'CMS ID 147' with the title 'Preventive Care and Screening: Influenza Immunization'. The description states: 'Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization'. Below this, it asks to 'Complete the following information:' and provides input fields for: '* Numerator :', '* Denominator :', '* Performance Rate :', '%', and '* Exception :'. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', and 'Cancel'. A footer note reads: 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 14 Layout, CMS 127

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CHS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 127

Title: Pneumonia Vaccination Status for Older Adults

Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 100 %

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 15 Layout, CMS 166

The screenshot displays the 'South Carolina Medicaid State Level Repository' interface. The main header includes the logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A sidebar on the left lists various navigation options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire x of x' and 'NQS Domain: Efficient Use of Healthcare Resources'. It contains a red asterisk indicating a required field. The questionnaire is for 'CMS ID 166' with the title 'Use of Imaging Studies for Low Back Pain'. The description states: 'Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.' Below this, it asks to 'Complete the following information:' and provides input fields for 'Numerator', 'Denominator', 'Performance Rate', and 'Exclusion', each with a red asterisk indicating it is a required field. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', and 'Cancel'. A footer note reads: 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 16 Layout, CMS 131

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CHS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 131

Title: Diabetes: Eye Exam

Description: Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion : 1

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 17 Layout, CMS 123

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 123

Title: Diabetes: Foot Exam

Description: Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 18 Layout, CMS 122

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 122

Title: Diabetes: Hemoglobin A1c Poor Control

Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion : 1

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 19 Layout, CMS 148

The screenshot displays the 'South Carolina Medicaid State Level Repository' interface. The main header includes the repository name and a 'Logout' button. A sidebar on the left lists various navigation options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The central content area is titled 'Questionnaire x of x' and specifies the 'NQS Domain: Clinical Process / Effectiveness'. It identifies the measure as 'CMS ID 148' with the title 'Hemoglobin A1c Test for Pediatric Patients'. The description states: 'Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period.' Below this, it prompts the user to 'Complete the following information:' and provides input fields for 'Numerator', 'Denominator', 'Performance Rate' (with a percentage symbol), and 'Exclusion'. Each field is preceded by a red asterisk indicating it is required. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', and 'Cancel'. A footer note reads 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 20 Layout, CMS 134

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CHS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 134

Title: Diabetes: Urine Protein Screening

Description: The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.

Complete the following information:

* Numerator : * Denominator : * Performance Rate : % * Exclusion:

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 21 Layout, CMS 163

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CHS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 163

Title: Diabetes: Low Density Lipoprotein (LDL) Management

Description: Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 22 Layout, CMS 164

The screenshot displays the 'South Carolina Medicaid State Level Repository' website. The main header includes the logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A sidebar on the left lists various navigation options. The main content area is titled 'Questionnaire x of x' and includes a legend for red asterisks. The specific measure is 'CMS ID 164' with the title 'Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic'. The description states: 'Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.' Below this, there is a section to 'Complete the following information:' with input fields for Numerator, Denominator, and Performance Rate. The Performance Rate is currently set to 100%. Navigation buttons for 'Previous', 'Next', 'Save', and 'Cancel' are at the bottom. A copyright notice for 2011 State of South Carolina is also present.

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Clinical Process / Effectiveness**

CMS ID 164

Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 100 %

[Previous](#) [Next](#) [Save](#) [Cancel](#)

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 23 Layout, CMS 154

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Efficient Use of Healthcare Resources**

CMS ID 154

Title: Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Description: Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 24 Layout, CMS 145

The screenshot displays the 'South Carolina Medicaid State Level Repository' interface. The main header includes the repository name and a 'Logout' button. A sidebar on the left lists various navigation options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire x of x' and 'NQS Domain: Clinical Process / Effectiveness'. It features a 'CMS ID 145' section with a title 'Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)'. A description follows: 'Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy.' Below this, a section titled 'Complete the following information:' contains two population criteria. 'Population Criteria 1: Patients with a prior (resolved) myocardial infarction' and 'Population Criteria 2: Patients with a left ventricular systolic dysfunction (LVEF < 40%)'. Each criterion has input fields for Numerator, Denominator, Performance Rate, and Exception. At the bottom, there are 'Previous', 'Next', 'Save', and 'Cancel' buttons. A copyright notice for 2011 State of South Carolina is at the very bottom.

South Carolina Medicaid
STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 145

Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

Description: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy.

Complete the following information:

Population Criteria 1: Patients with a prior (resolved) myocardial infarction

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exception 1:

Population Criteria 2: Patients with a left ventricular systolic dysfunction (LVEF < 40%)

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exception 2:

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology
- Please enter exceptions. 0 is acceptable if that was reported by the EHR technology.
- The Exceptions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 25 Layout, CMS 182

The screenshot displays the 'South Carolina Medicaid State Level Repository' interface. The header includes the logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A sidebar on the left lists various navigation options. The main content area is titled 'Questionnaire x of x' and includes a legend: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Clinical Process / Effectiveness'. The questionnaire is for 'CMS ID 182' with the title 'Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control'. The description states: 'Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (< 100 mg/dL)'. Below the description, it asks to 'Complete the following information:' and provides input fields for 'Numerator 1', 'Denominator 1', 'Performance Rate 1', 'Numerator 2', 'Denominator 2', and 'Performance Rate 2'. At the bottom, there are 'Previous', 'Next', 'Save', and 'Cancel' buttons. A copyright notice at the bottom reads: 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 26 Layout, CMS 135

The screenshot displays the 'South Carolina Medicaid State Level Repository' web application. The main header includes the state logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A sidebar on the left lists various navigation options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire x of x' and specifies the 'NQS Domain: Clinical Process / Effectiveness'. It identifies the measure as 'CMS ID 135' with the title 'Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)'. A detailed description follows: 'Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.' Below this, a section titled 'Complete the following information:' contains four input fields: 'Numerator', 'Denominator', 'Performance Rate', and 'Exception', each preceded by a red asterisk indicating it is a required field. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', and 'Cancel'. A footer note states 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 27 Layout, CMS 144

The screenshot displays the 'South Carolina Medicaid State Level Repository' website. The main header includes the state logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A sidebar on the left lists various navigation options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire x of x' and 'NQS Domain: Clinical Process / Effectiveness'. It features a section for 'CMS ID 144' with a title and description. Below this, there is a form to 'Complete the following information:' with input fields for Numerator, Denominator, Performance Rate, and Exception, each preceded by a red asterisk indicating it is a required field. Navigation buttons for 'Previous', 'Next', 'Save', and 'Cancel' are located at the bottom of the form area. A copyright notice for the State of South Carolina is visible at the very bottom.

Questionnaire x of x NQS Domain: Clinical Process / Effectiveness

(*) Red asterisk indicates a required field.

CMS ID 144

Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.

Complete the following information:

* Numerator : * Denominator : * Performance Rate : % * Exception :

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception, 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 28 Layout, CMS 143

The screenshot displays the 'South Carolina Medicaid State Level Repository' interface. The main header includes the repository name and a 'Logout' button. Below the header, the page is titled 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A left sidebar contains a navigation menu with links such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire x of x' and includes a note: '(*) Red asterisk indicates a required field.' The 'NQS Domain' is set to 'Clinical Process / Effectiveness'. The 'CMS ID' is 143. The 'Title' is 'Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation'. The 'Description' states: 'Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months.' Below this, a section titled 'Complete the following information:' contains four input fields: '* Numerator :', '* Denominator :', '* Performance Rate :', and '* Exception :'. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', and 'Cancel'. A copyright notice at the bottom reads: 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 29 Layout, CMS 167

The screenshot displays the 'South Carolina Medicaid State Level Repository' web application. The main header includes the state logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A sidebar on the left lists various navigation options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire x of x' and 'NQS Domain: Clinical Process / Effectiveness'. It features a section for 'CMS ID 167' with a title 'Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy'. Below the title is a detailed description of the measure. At the bottom of the form, there is a section for 'Complete the following information:' with input fields for 'Numerator', 'Denominator', 'Performance Rate', and 'Exception', each preceded by a red asterisk indicating it is a required field. Navigation buttons for 'Previous', 'Next', 'Save', and 'Cancel' are located at the bottom of the form area. A copyright notice for the State of South Carolina is visible at the very bottom.

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 30 Layout, CMS 142

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Clinical Process / Effectiveness**

CMS ID 142

Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

Complete the following information:

* Numerator : * Denominator : * Performance Rate : % * Exception :

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 31 Layout, CMS 139

The screenshot displays the 'South Carolina Medicaid State Level Repository' interface. The main header shows 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)' and a 'Logout' button. A left sidebar contains a navigation menu with items like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', 'Meaningful Use Menu Options', 'Meaningful Use Core Measures', 'Meaningful Use Menu Measures', 'Clinical Quality Measures', 'Pre-Attestation Measure Summary', 'HU Specifications', 'View All Payment Years', 'Alternate Contact Info', 'Issues/Concerns', 'Document Upload', 'Additional Resources', 'SLR Provider Guides', and 'Send E-mail to HIT Division'. The main content area is titled 'Questionnaire x of x' and includes a note: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Patient Safety'. Below this, it specifies 'CMS ID 139' and the 'Title: Falls: Screening for Future Fall Risk'. The 'Description' reads: 'Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.' A section titled 'Complete the following information:' contains four input fields: '* Numerator :', '* Denominator:', '* Performance Rate: %', and '* Exception :'. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', and 'Cancel'. A footer note states 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 32 Layout, CMS 161

The screenshot displays the 'South Carolina Medicaid State Level Repository' web application. The header includes the state logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A 'Logout' button is in the top right. A left sidebar contains a navigation menu with items like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', 'Meaningful Use Menu Options', 'Meaningful Use Core Measures', 'Meaningful Use Menu Measures', 'Clinical Quality Measures', 'Pre-Attestation Measure Summary', 'MU Specifications', 'View All Payment Years', 'Alternate Contact Info', 'Issues/Concerns', 'Document Upload', 'Additional Resources', 'SLR Provider Guides', and 'Send E-mail to HIT Division'. The main content area is titled 'Questionnaire x of x' and includes a note: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Clinical Process / Effectiveness'. Below this, it specifies 'CMS ID 161' and the 'Title: Major Depressive Disorder (MDD): Suicide Risk Assessment'. The 'Description' reads: 'Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period.' A section titled 'Complete the following information:' contains three input fields: '* Numerator :', '* Denominator:', and '* Performance Rate: %'. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', and 'Cancel'. A footer note states 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 33 Layout, CMS 128

The screenshot displays the 'South Carolina Medicaid State Level Repository' web application. The header includes the organization's name and a 'Logout' button. A sidebar on the left contains a navigation menu with links such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', 'Meaningful Use Menu Options', 'Meaningful Use Core Measures', 'Clinical Quality Measures', 'Pre-Attestation Measure Summary', 'HU Specifications', 'View All Payment Years', 'Alternate Contact Info', 'Issues/Concerns', 'Document Upload', 'Additional Resources', 'SLR Provider Guides', and 'Send E-mail to HIT Division'. The main content area is titled 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. It features a 'Questionnaire x of x' header with a note: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Clinical Process / Effectiveness'. The questionnaire is for 'CMS ID 128' and has the title 'Anti-depressant Medication Management'. The description states: 'Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported. a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)'. Below the description, it says 'Complete the following information:'. There are four input fields: '* Numerator 1:', '* Denominator 1:', '* Performance Rate 1:', and '* Exclusion 1:'. Each field has a corresponding input box and a '%' symbol. Below these are four more input fields: '* Numerator 2:', '* Denominator 2:', '* Performance Rate 2:', and '* Exclusion 2:'. At the bottom of the form are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'. The footer of the page reads 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 34 Layout, CMS 136

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HDT Division

Questionnaire x of x
(*) Red asterisk indicates a required field.

CMS ID 136
Title: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
Description: Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/ hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.
a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.
b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

NQS Domain: Clinical Process / Effectiveness

Complete the following information:

Population Criteria 1: Children 6 - 12 years of age

* Numerator 1: * Denominator 1: * Performance Rate: % * Exclusion:

Population Criteria 2: Children 6 - 12 years of age

* Numerator 2: * Denominator 2: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 35 Layout, CMS 169

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HST Division

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Clinical Process / Effectiveness**

CMS ID 169

Title: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use

Description: Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.

Complete the following information:

* Numerator : * Denominator : * Performance Rate : %

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 36 Layout, CMS 157

The screenshot displays the 'South Carolina Medicaid State Level Repository' web application. The header includes the state logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A 'Logout' button is in the top right. A left sidebar contains a navigation menu with items like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', 'Meaningful Use Menu Options', 'Meaningful Use Core Measures', 'Meaningful Use Menu Measures', 'Clinical Quality Measures', 'Pre-Attestation Measure Summary', 'MU Specifications', 'View All Payment Years', 'Alternate Contact Info', 'Issues/Concerns', 'Document Upload', 'Additional Resources', 'SLR Provider Guides', and 'Send E-mail to HIT Division'. The main content area is titled 'Questionnaire x of x' and 'NQ5 Domain: Patient and Family Engagement'. It shows 'CMS ID 157' and the title 'Oncology: Medical and Radiation - Pain Intensity Quantified'. The description states: 'Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified'. Below this, it asks to 'Complete the following information:' and provides input fields for 'Numerator : 1', 'Denominator : 1', and 'Performance Rate : 100 %'. At the bottom of the form are 'Previous', 'Next', 'Save', and 'Cancel' buttons. A footer note reads 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 37 Layout, CMS 141

The screenshot displays the 'South Carolina Medicaid State Level Repository' website. The header includes the logo and navigation links. The main content area is titled 'Questionnaire x of x' and 'NQS Domain: Clinical Process / Effectiveness'. It shows the 'CMS ID 141' and the title 'Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients'. The description states: 'Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.' Below this, there is a section for 'Complete the following information:' with input fields for Numerator, Denominator, Performance Rate, and Exception. The footer includes a copyright notice for 2011 State of South Carolina.

South Carolina Medicaid State Level Repository

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 141

Title: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Description: Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.

Complete the following information:

* Numerator : * Denominator : * Performance Rate : % * Exception :

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 38 Layout, CMS 140

The screenshot displays the 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)' section of the South Carolina Medicaid State Level Repository. A sidebar on the left contains navigation links such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire x of x' and includes a legend stating '(*) Red asterisk indicates a required field.' and 'NQS Domain: Clinical Process / Effectiveness'. The specific measure is 'CMS ID 140' with the title 'Breast Cancer: Hormonal Therapy for Stage IC-IIIc Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer'. The description reads: 'Percentage of female patients aged 18 years and older with Stage IC through IIIc, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.' Below this, a section titled 'Complete the following information:' contains four input fields: '* Numerator :', '* Denominator :', '* Performance Rate :', and '% Exception :'. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', and 'Cancel'. A copyright notice at the very bottom states 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 39 Layout, CMS 129

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HDT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Efficient Use of Healthcare Resources**

CMS ID 129

Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

Description: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Complete the following information:

* Numerator : * Denominator : * Performance Rate : % * Exception :

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 40 Layout, CMS 62

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Clinical Process / Effectiveness**

CMS ID 62

Title: HIV/AIDS: Medical Visit

Description: Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 41 Layout, CMS 52

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 52

Title: HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis

Description: Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.

Complete the following information:

Population Criteria 1: All patients aged 6 years and older

* Numerator : * Denominator : * Performance Rate : % * Exception :

Population Criteria 2: All patients aged 1 - 5 years of age

* Numerator : * Denominator : * Performance Rate : % * Exception :

Population Criteria 3: All Patients aged 6 weeks to 12 months

* Numerator : * Denominator : * Performance Rate : %

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exceptions. 0 is acceptable if that was reported by the EHR technology.
- The Exceptions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 42 Layout, CMS 77

The screenshot displays the 'South Carolina Medicaid State Level Repository' web application. The main header includes the state logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A 'Logout' button is in the top right. A left sidebar contains a navigation menu with links such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', 'Meaningful Use Menu Options', 'Meaningful Use Core Measures', 'Meaningful Use Menu Measures', 'Clinical Quality Measures', 'Pre-Attestation Measure Summary', 'MU Specifications', 'View All Payment Years', 'Alternate Contact Info', 'Issues/Concerns', 'Document Upload', 'Additional Resources', 'SLR Provider Guides', and 'Send E-mail to HDT Division'. The main content area is titled 'Questionnaire x of x' and includes a note: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Clinical Process / Effectiveness'. The specific measure is 'CMS ID 77' with the title 'HIV/AIDS: RNA control for Patients with HIV'. The description reads: 'Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is <200 copies/mL.' Below this, it says 'Complete the following information:' followed by three input fields: '* Numerator :', '* Denominator:', and '* Performance Rate :', each followed by a percentage sign. At the bottom of the form are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'. A footer at the very bottom states 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 43 Layout, CMS 2

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HST Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Population / Public Health

CMS ID 2

Title: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

Description: Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.

Complete the following information:

* Numerator :1 * Denominator :1 * Performance Rate :1 % * Exclusion:1 * Exception:1

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 44 Layout, CMS 68

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Patient Safety

CMS ID 68

Title: Documentation of Current Medications in the Medical Record

Description: Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

Complete the following information:

* Numerator : * Denominator : * Performance Rate : % * Exception :

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 45 Layout, CMS 69

The screenshot displays the 'Questionnaire x of x' for CMS ID 69, titled 'Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up'. The interface includes a sidebar with navigation links such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area provides a description of the measure: 'Percentage of patients aged 18 years and older with an encounter during the reporting period with a documented calculated BMI during the encounter or during the previous six months AND when the BMI is outside of normal parameters, follow-up plan is documented during the encounter or during the previous 6 months of the encounter with the BMI outside of normal parameters.' It also lists 'Normal Parameters' for two age groups: 'Age 65 years and older BMI ≥ 23 and < 30' and 'Age 18-64 years BMI ≥ 18.5 and < 25'. Below this, there are two sections for data entry: 'Population Criteria 1: 65 years and older' and 'Population Criteria 2: 18 through 64 years'. Each section contains input fields for 'Numerator', 'Denominator', 'Performance Rate' (with a percentage sign), and 'Exclusion'. At the bottom, there are 'Previous', 'Next', 'Save', and 'Cancel' buttons. A copyright notice at the bottom center reads 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 46 Layout, CMS 132

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Patient Safety

CMS ID 132

Title: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures

Description: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 47 Layout, CMS 133

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HDT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 133

Title: Cataracts 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery

Description: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.

Complete the following information:

* Numerator : * Denominator : * Performance Rate : % * Exclusion:

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measures 48 Layout, CMS 158

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HDT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Clinical Process / Effectiveness**

CMS ID 158

Title: Pregnant women that had HBsAg testing

Description: This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.

Complete the following information:

* Numerator : * Denominator: * Performance Rate: % * Exception :

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 49 Layout, CMS 159

The screenshot displays the 'South Carolina Medicaid State Level Repository' website. The main header includes the logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A sidebar on the left lists various navigation options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire x of x' and 'NQS Domain: Clinical Process / Effectiveness'. It features a red asterisk indicating a required field. The 'CMS ID 159' section is titled 'Title: Depression Remission at Twelve Months'. The description states: 'Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.' Below the description, it asks to 'Complete the following information:' and provides input fields for 'Numerator: 1', 'Denominator: 1', 'Performance Rate: 1 %', and 'Exclusion: 1'. At the bottom, there are 'Previous', 'Next', 'Save', and 'Cancel' buttons. A copyright notice at the bottom reads 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 50 Layout, CMS 160

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 160

Title: Depression Utilization of the PHQ-9 Tool

Description: Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.

Complete the following information:

Population Criteria 1: All patients diagnosed during months January through April

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

Population Criteria 2: All patients diagnosed during months May through August

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

Population Criteria 3: All patients diagnosed during the months of September through December

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators., 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 51 Layout, CMS 75

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HST Division

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Clinical Process / Effectiveness**

CMS ID 75

Title: Children who have dental decay or cavities

Description: Percentage of children, ages 0-20 years, who have had tooth decay or cavities during the measurement period.

Complete the following information:

* Numerator : * Denominator : * Performance Rate : %

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 52 Layout, CMS 177

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
HU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x NQS Domain: Patient Safety

(*) Red asterisk indicates a required field.

CMS ID 177

Title: Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment

Description: Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 %

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 53 Layout, CMS 82

The screenshot displays the 'South Carolina Medicaid State Level Repository' web application. The header includes the logo and the text 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)'. A sidebar on the left lists various navigation options. The main content area is titled 'Questionnaire x of x' and contains the following information:

- A note: '(*) Red asterisk indicates a required field.'
- NQS Domain: Population / Public Health
- CMS ID 82
- Title: Maternal depression screening
- Description: The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.
- Complete the following information:
- Fields for Numerator, Denominator, and Performance Rate, each with a red asterisk indicating it is a required field.
- Buttons for Previous, Next, Save, and Cancel.
- Copyright notice: Copyright © 2011 State of South Carolina. All rights reserved.

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 54 Layout, CMS 74

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 74

Title: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

Description: Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.

Complete the following information:

Stratum 1: Patients age 0 - 5

* Numerator : * Denominator : * Performance Rate : %

Stratum 2: Patients age 6 - 12

* Numerator : * Denominator : * Performance Rate : %

Stratum 3: Patients age 13 - 20

* Numerator : * Denominator : * Performance Rate : %

Previous Next Save Cancel

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Left Sidebar:

- CMS Registration / SC Medicaid Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Core Measures
- Meaningful Use Menu Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- HU Specifications
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- SLR Provider Guides
- Send E-mail to HIT Division

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 55 Layout, CMS 61

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 61

Title: Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed

Description: Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL-C test has been performed.

Complete the following information:

Population 1: High Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent

*Numerator 1: *Denominator 1: *Performance Rate 1: % *Exclusion 1: *Exception 1:

Population 2: Moderate Level of Risk: Multiple (+2) Risk Factors

*Numerator 2: *Denominator 2: *Performance Rate 2: % *Exclusion 2: *Exception 2:

Population 3: Lowest Level of Risk: 0 or 1 Risk Factor

*Numerator 3: *Denominator 3: *Performance Rate 3: % *Exclusion 3: *Exception 3:

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- Please enter exceptions. 0 is acceptable if that was reported by the EHR technology.
- The Exceptions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 56 Layout, CMS 64

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 64

Title: Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)

Description: Percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.

Complete the following information:

Population 1: High Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent

*Numerator 1: *Denominator 1: *Performance Rate 1: % *Exclusion 1: *Exception 1:

Population 2: Moderate Level of Risk: Multiple (+2) Risk Factors

*Numerator 2: *Denominator 2: *Performance Rate 2: % *Exclusion 2: *Exception 2:

Population 3: Lowest Level of Risk: 0 or 1 Risk Factor

*Numerator 3: *Denominator 3: *Performance Rate 3: % *Exclusion 3: *Exception 3:

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter performance rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- Please enter exceptions. 0 is acceptable if that was reported by the EHR technology.
- The Exceptions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

EP Clinical Quality Measure 57 Layout, CMS 149

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Clinical Process / Effectiveness**

CMS ID 149

Title: Dementia: Cognitive Assessment

Description: Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period.

Complete the following information:

* Numerator : * Denominator: * Performance Rate: % * Exception :

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 58 Layout, CMS 65

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. **NQS Domain: Clinical Process / Effectiveness**

CMS ID 65

Title: Hypertension: Improvement in blood pressure

Description: Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 59 Layout, CMS 50

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Care Coordination

CMS ID 50

Title: Closing the referral loop: receipt of specialist report

Description: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 %

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 60 Layout, CMS 66

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Patient and Family Engagement

CMS ID 66

Title: Functional status assessment for knee replacement

Description: Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 61 Layout, CMS 56

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Patient and Family Engagement

CMS ID 56

Title: Functional status assessment for hip replacement

Description: Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.

Complete the following information:

* Numerator : 1 * Denominator : 1 * Performance Rate : 1 % * Exclusion: 1

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

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- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate, 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 62 Layout, CMS 90

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HDT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Patient and Family Engagement

CMS ID 90

Title: Functional status assessment for complex chronic conditions

Description: Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments.

Complete the following information:

* Numerator :1 * Denominator :1 * Performance Rate :1 % * Exclusion:1

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate, 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 63 Layout, CMS 179

The screenshot displays the 'Clinical Quality Measures (Year 1 Attestation / Program Year 2014)' section of the South Carolina Medicaid State Level Repository. A sidebar on the left contains a navigation menu with items such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire x of x' and includes a note: '(*) Red asterisk indicates a required field.' The 'NQS Domain' is set to 'Patient Safety'. The 'CMS ID 179' section is active, showing the title 'ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range' and a description: 'Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.' Below this, a prompt asks to 'Complete the following information:' followed by three input fields: 'Numerator : 1', 'Denominator : 1', and 'Performance Rate : 1 %'. At the bottom of the form are buttons for 'Previous', 'Next', 'Save', and 'Cancel'. A copyright notice at the very bottom reads 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

EP Clinical Quality Measure 64 Layout, CMS 22

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Clinical Quality Measures (Year 1 Attestation / Program Year 2014) Logout

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HDT Division

Questionnaire x of x

(*) Red asterisk indicates a required field. NQS Domain: Population / Public Health

CMS ID 22

Title: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Description: Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.

Complete the following information:

* Numerator :1 * Denominator :1 * Performance Rate :1 % * Exclusion:1 * Exception:1

Previous Next Save Cancel

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Changes for 2014:

- Create screen with text as seen above.

Field Editing:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter performance rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- Please enter exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Appendix A – EH CQM List

NQS Domain: Patient and Family Engagement

Measure	Title	Measure Description
CMS 55	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.
CMS 111	Median Admit Decision Time to ED Departure Time for Admitted Patients	Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.
CMS 107	Stroke Education	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.
CMS 110	VTE-5 VTE discharge instructions	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, home care, court/law enforcement or home on hospice care on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.
CMS 26	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	An assessment that there is documentation in the medical record that a Home Management Plan of Care (HMPC) document was given to the pediatric asthma patient/caregiver.

NQS Domain: Clinical Process / Effectiveness

Measure	Title	Measure Description
CMS 104	Discharged on Antithrombotic Therapy	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge
CMS 71	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.
CMS 91	Thrombolytic Therapy	Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.
CMS 72	Antithrombotic Therapy By End of Hospital Day 2	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.

Measure	Title	Measure Description
CMS 105	Discharged on Statin Medication	Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge..
CMS 73	VTE-3 VTE Patients with Anticoagulation Overlap Therapy	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a reason for discontinuation of overlap therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, discharged on both medications or have a reason for discontinuation of overlap therapy.
CMS 109	VTE-4 VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)	This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.
CMS 100	Aspirin Prescribed at Discharge	Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge
CMS 113	Elective Delivery	Patients with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed
CMS 60	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less
CMS 53	Primary PCI Received Within 90 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.
CMS 30 / NQF 0639	Statin Prescribed at Discharge	Acute myocardial infarction (AMI) patients who are prescribed a statin at hospital discharge.
CMS 9	Exclusive Breast Milk Feeding	PC-05 Exclusive breast milk feeding during the newborn's entire hospitalization PC-05a Exclusive breast milk feeding during the newborn's entire hospitalization considering mother's choice

Measure	Title	Measure Description
CMS 31	Hearing Screening Prior To Hospital Discharge (EHDI-1a)	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.

NQS Domain: Care Coordination

Measure	Title	Measure Description
CMS 102	Stroke-10 Ischemic or hemorrhagic stroke – Assessed for Rehabilitation	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.
CMS 32	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department.

NQS Domain: Patient Safety

Measure	Title	Measure Description
CMS 108	Venous Thromboembolism (VTE)-1 VTE prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.
CMS 190	VTE-2 Intensive Care Unit (ICU) VTE prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).
CMS 114	VTE-6 Incidence of potentially preventable VTE	This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.
CMS 171	SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time.

Measure	Title	Measure Description
CMS 178	SCIP-INF-9 Urinary catheter removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with day of surgery being day zero	Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero.
CMS 185	Healthy Term Newborn	Percent of term singleton live births (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or the nursery care.

NQS Domain: Efficient Use of Healthcare Resources

Measure	Title	Measure Description
CMS 188	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	<p>(PN-6) Immunocompetent patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines</p> <p>(Population 1) Immunocompetent ICU patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines</p> <p>(Population 2) Immunocompetent non-Intensive Care Unit (ICU) patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines</p>
CMS 172	SCIP-INF-2 Prophylactic Antibiotic Selection for Surgical Patients	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).

Appendix B – EP CQM List

NQS Domain: Patient and Family Engagement

Measure	Title	Measure Description
CMS 157	Oncology: Medical and Radiation – Pain Intensity Quantified	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified
CMS 66	Functional status assessment for knee replacement	Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.
CMS 56	Functional status assessment for hip replacement	Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.
CMS 90	Functional status assessment for complex chronic conditions	Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments

NQS Domain: Clinical Process / Effectiveness

Measure	Title	Measure Description
CMS 137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported. a. Percentage of patients who initiated treatment within 14 days of the diagnosis. b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.
CMS 165	Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.
CMS 125	Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.
CMS 124	Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.
CMS 130	Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Measure	Title	Measure Description
CMS 126	Use of Appropriate Medications for Asthma	Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.
CMS 127	Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.
CMS 131	Diabetes: Eye Exam	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period
CMS 123	Diabetes: Foot Exam	Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.
CMS 122	Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.
CMS 148	Hemoglobin A1c Test for Pediatric Patients	Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period
CMS 134	Diabetes: Urine Protein Screening	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.
CMS 163	Diabetes: Low Density Lipoprotein (LDL) Management	Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period.
CMS 164	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.
CMS 145	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy

Measure	Title	Measure Description
CMS 182	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (< 100 mg/dL).
CMS 135	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge
CMS 144	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge
CMS 143	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months
CMS 167	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months
CMS 142	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months
CMS 161	Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period.

Measure	Title	Measure Description
CMS 128	Anti-depressant Medication Management	Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported. a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).
CMS 136	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/ hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.
CMS 169	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.
CMS 141	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period
CMS 140 / NQF 0387	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period
CMS 62	HIV/AIDS: Medical Visit	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit.
CMS 52	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis

Measure	Title	Measure Description
CMS 77	HIV/AIDS: RNA control for Patients with HIV	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is <200 copies/mL.
CMS 133	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.
CMS 158	Pregnant women that had HBsAg testing	This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.
CMS 159	Depression Remission at Twelve Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.
CMS 160	Depression Utilization of the PHQ-9 Tool	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.
CMS 75	Children who have dental decay or cavities	Percentage of children, ages 0-20 years, who have had tooth decay or cavities during the measurement period.
CMS 74 / NQF TBD	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.
CMS 61	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed	Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL-C test has been performed.
CMS 64	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)	Percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.
CMS 149	Dementia: Cognitive Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period.
CMS 65	Hypertension: Improvement in blood pressure	Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.

NQS Domain: Care Coordination

Measure	Title	Measure Description
CMS 50	Closing the referral loop: receipt of specialist report	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

NQS Domain: Patient Safety

Measure	Title	Measure Description
CMS 156	Use of High-Risk Medications in the Elderly	Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two different high-risk medications.
CMS 139	Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.
CMS 68	Documentation of Current Medications in the Medical Record	Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list <u>must</u> include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND <u>must</u> contain the medications' name, dosage, frequency and route of administration.
CMS 132	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.
CMS 177	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.
CMS 179	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.

NQS Domain: Efficient Use of Healthcare Resources

Measure	Title	Measure Description
CMS 146	Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.
CMS 166	Use of Imaging Studies for Low Back Pain	Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.
CMS 154	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.
CMS 129	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer

NQS Domain: Population / Public Health

Measure	Title	Measure Description
CMS 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/ Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. <ul style="list-style-type: none"> • Percentage of patients with height, weight, and body mass index (BMI) percentile documentation • Percentage of patients with counseling for nutrition • Percentage of patients with counseling for physical activity
CMS 138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user
CMS 153	Chlamydia Screening for Women	Percentage of women 16- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.

Measure	Title	Measure Description
CMS 117	Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
CMS 147	Preventive Care and Screening: Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization
CMS 2	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.
CMS 69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Percentage of patients aged 18 years and older with an encounter during the reporting period with a documented calculated BMI during the encounter or during the previous six months AND when the BMI is outside of normal parameters, follow-up plan is documented during the encounter or during the previous 6 months of the encounter with the BMI outside of normal parameters. Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30 Age 18-64 years BMI ≥ 18.5 and < 25
CMS 82	Maternal depression screening	The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.
CMS 22	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated